

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000016001

FILED
Apr 20, 2011
Secretary of State

Entity Name: 2041 SW JUDITH LANE LLC

Current Principal Place of Business:

511 SW PT ST LUCIE BLVD
PT ST LUCIE, FL 34953

New Principal Place of Business:

511 SW PT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

511 SW PT ST LUCIE BLVD
PT ST LUCIE, FL 34953

New Mailing Address:

511 SW PT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34986 US

FEI Number: 26-4271143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GROZA, JOHN A
1417 SW OSPREY COVE
PT ST LUCIE, FL 34958 US

Name and Address of New Registered Agent:

GROZA, JOHN A
1417 SW OSPREY COVE
PORT SAINT LUCIE, FL 34986 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/20/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GROZA, JOHN A
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: MGRM
Name: GROZA, PATRICIA
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: MGR
Name: GROZA, JOHN ANTHONY
Address: 2062 SW HAMPSHIRE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MGR
Name: SZARY, NICOLIA C
Address: 1326SW BRIARWOOD DR
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGR
Name: LYONS, ANGELIQUE C
Address: 1306 SW MAPLEWOOD DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICIA A GROZA

MGRM

04/20/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date